

**RIDGEFIELD RECREATION & PARKS DEPARTMENT**  
**VETERANS MEMORIAL PARK**  
604 BROAD AVENUE  
RIDGEFIELD, NJ 07657  
(201) 943-5342 FAX# 943-8887

**2016**  
**RIDGEFIELD JR. CHEERLEADING**  
**REGISTRATION FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE (Sept. 2016 - **NEXT YEAR!!**) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**PEE-WEE TEAM (3RD - 4TH GRADE)** \_\_\_\_\_

**JUNIOR TEAM (5TH - 6TH GRADE)** \_\_\_\_\_

**SENIOR TEAM (7TH - 8TH GRADE)** \_\_\_\_\_

LIST ANY MEDICAL RESTRICTIONS AND/OR ALLERGIES:

IN CASE OF EMERGENCY, PLEASE INDICATE NAME AND PHONE NUMBER  
OF PERSON TO BE CONTACTED:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL IS IN SOUND PHYSICAL  
CONDITION TO PARTICIPATE IN RIDGEFIELD JR. CHEERLEADING:

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

AS A PARENT/GUARDIAN, I AGREE TO ASSIST THE RIDGEFIELD RECREATION JR. CHEERLEADING PROGRAM IN  
SOME CAPACITY DURING THE SEASON.

FUNDRAISING \_\_\_\_\_ COACHING \_\_\_\_\_ TEAM PARENT \_\_\_\_\_

**FEE: \$50.00 PER CHILD**

MAKE CHECKS PAYABLE TO: **THE BOROUGH OF RIDGEFIELD.**

*A \$30.00 Uniform Deposit will  
be required at a later date!*

**WE ARE ONLY ACCEPTING REGISTRATIONS  
UNTIL FRIDAY, APRIL 1, 2016  
NO REGISTRATION WILL BE ACCEPTED AFTER THAT DATE--NO EXCEPTIONS!**

**Method of Payment:**

Cash \_\_\_\_\_ Check/MO #: \_\_\_\_\_

**Date Received:**

\_\_\_\_\_